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FEEDING AND THE USE OF RESTRAINT IN CARING FOR THE INSANE

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FEEDING

NO SUBJECT should receive more careful attention from the nurse who cares for insane patients than the proper administration of food. As a general rule the patient does not gain mentally until his nutrition becomes satisfactory. Many cases seen by a nurse in private practice are in acute stages of mental diseases before they are sent to the hospitals or sanatoriums. These cases may be grouped in two classes, maniacal or excited, and melancholic or depressed states.

In excited cases there is a great deal of activity of both mind and body; the patient talks, sings, or shouts almost continuously, and displays marked motor restlessness. It is often difficult to retain the attention of this class of patients long enough for them to eat a sufficient meal; yet the need of nourishment is imperative, as there is much waste of tissue from their intense activity, and the nurse should feed often in small quantities food easily assimilated and of high nutritive value. Cocoa, milk, koumiss, eggnogs, meat or chicken broths, beef-juice, custards, and plain ice-creams are indicated. Accurate records should be kept of the amount of nourishment taken in order that the physician may judge if a sufficient quantity be given. Plenty of water should be given in these cases in order to stimulate elimination of the waste products of the system. Patience, firmness, and tact are much needed to persuade the patient to eat properly. When solid food is given see that the patient takes times to chew it properly. If he show a tendency to bolt it without mastication, it is best to withhold all but liquid nourishment.

The second class of acute cases of insanity presents a different prob-

lem. These patients are almost always suicidal in their tendencies, and either much agitated or in a profound stupor. They will often come under the care of the nurse when they have refused food for days and when they are in a very weak and critical condition. They may refuse food either because of the delusion that it is poisoned or from a desire to starve themselves as a means of ending a life which has become intolerable. In stuporous cases it may be impossible to rouse them to swallow or to chew food. Nourishment is of the highest importance, and if they can be induced in any way to swallow, they should be fed as frequently as are maniacal cases. Should they refuse food entirely, they must be fed artificially, as described later in this article.

The chronic cases of insanity present a different problem. In dementia following more acute mental illness there is often an inordinate appetite and entire lack of judgment as to the amount they should eat. These patients should be watched closely to see that they do not overload their stomachs with poorly masticated food. Any dietary which is simple, well cooked, free from rich pastries and heavy or highly seasoned food, may be given in reasonable amounts. Plenty of raw or stewed fruits and vegetables are a necessary part of this dietary in order to avoid constipation, which is always to be looked for in these cases.

In feeding patients in the more advanced stages of dementia, and also in the demented stage of general paralysis, extreme care must be taken not to give solid food unless it be very finely divided, as they are very likely to choke to death by the passage of food into the larynx. They have poor control over the muscles of the œsophagus or suffer from partial paralysis of the throat muscles as a general rule. It is safest to feed only liquids and semisolids in these cases; even bread should be very thoroughly softened in milk or eggnog and fed very slowly. A nurse or attendant should not leave these patients alone at mealtime, as choking may occur at any moment, and only instant attention will save life if this accident occur.

In other chronic cases, especially where there are many delusions, food may be refused for years. In these cases, as in the acute depressed forms of insanity, artificial feeding must be resorted to and kept up faithfully, sometimes for years. One such patient was fed for nine years before he became willing to eat in a natural manner. Many patients suffering from alternate phases of exhilaration and depression eat heartily in the excited stage but refuse food in the depressed stage. Such patients frequently alternate between three and four months of artificial feeding with a like period of normal nourishment. In delusional cases it is well never to give medicine which has any taste with food, as it gives ground for delusions of poisoning.

Artificial feeding may be accomplished by the use of a stomach-tube passed either through the mouth or the nose. A tube, if it is to be passed through the nose, should be smaller than the regulation stomach-tube. A soft, long rectal tube is often used for this purpose. For patients whose noses are tender or the orifice small it may be necessary to use a urethral catheter. Except for æsthetic reasons it is preferable to feed through the nose, as all danger of the patient's biting the tube is avoided and the use of mouth-gags is rendered unnecessary.

To feed through the nose, place the patient in a recumbent position on the back, have an assistant hold the hands firmly, protect the patient's clothing by means of a sheet or towel, and have everything necessary for the feeding at hand. The tube should be lubricated with clean vaseline or sweet-oil and passed gently through the nose and down the œsophagus, the patient being urged to swallow it. When it has passed far enough, place the finger at the end of the tube to see if by any mischance the patient breathe through it; if so, withdraw at once and reinsert the tube. If breath come freely from the other nostril and the respiration be easy, it is safe to continue with the feeding. Attach to the free end of the tube a funnel or a clean Davidson syringe, and either pump or pour the feeding into the patient's stomach by this means. If he should attempt to regurgitate, a hand placed firmly over the epigastrium will generally prevent the effort from being successful. When the feeding is accomplished remove the syringe or funnel, pinch the tube to prevent flowing back of the food remaining in it, and withdraw slowly and steadily.

Feeding by the mouth is accomplished in much the same way, except that it is necessary to insert a secure mouth-gag before attempting to pass the tube. This is often very difficult when patients resist, and there is much danger of breaking a tooth or of the nurse or physician being bitten.

The foods used for tube-feedings should be varied in character if this method is to be employed long. Milk, plain or peptonized, beef-juice, chicken-, meat-, and clam- or oyster-broths, eggs beaten up in milk, clear soups, and occasionally thin gruels may be given. The amount in twenty-four hours should be equivalent in nutritive value to what would nourish a healthy patient. At least two quarts of milk are needed, though if eggs be put in a less amount of milk may be used. This amount must be divided and such a portion given at each feeding as will amount to the total during the twenty-four hours. Water should be given if the patient will not take it otherwise.

The feedings may be given twice or three times in twenty-four hours, or in smaller quantities oftener if the stomach be not strong

enough to care for a large quantity at one time. The temperature of the feedings should be warm, not hot, at about 90° to 95° F. Food fed in this way is not warmed by the bodily heat during the passage through the œsophagus, as in the normal method of eating. To avoid chilling the stomach and delaying digestion some slight warmth must be imparted to the food before its administration. Liquid medicines, laxatives, hypnotics, or stimulants may be given as needed through the feeding-tube at the time of the meals, as the patient does not taste them when fed in this way.

Rectal feeding may be necessary if the stomach be intolerant of food, as in cases of profound exhaustion, and in some cases of paralysis of the throat where passage of the tube is attended with serious difficulty. Rectal feedings are seldom given oftener than four times in the twenty-four hours. Predigested foods are preferred, as peptonized milk, eggs and milk, beef-juice, and so on. It is not necessary to describe this manner of feeding the insane, as it is a recognized therapeutic measure in cases of serious gastric disturbance in the sane, the methods employed being the same.

(To be continued.)

THE FLOATING HOSPITAL OF ST. JOHN'S GUILD, NEW YORK CITY

By SARAH BESSIE PALMER
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This is the day of the recognition of the germ, and not infrequently the discovery of the germ-root is the result of the study of effect, and from it, working backward, we reach the germ of cause.

I have been asked for a sketch of the "Trained Nurse Department" of the Floating Hospital of St. John's Guild, New York City, and surely this would be incomplete without a peep into the early history of this unique institution, and the demonstration of the germ incident from which it sprang.

In July of 1873 Mr. George F. Williams, then city editor of the New York *Times*, sent his family into the country, and one day as he was crossing the City Hall Park on his way from the Grand Central Station he saw five little children under a tree nearest to the fountain, and heard one of them say that they were "playing they were in the country." His ear caught the words, and his heart reëchoed them, and he mentioned the incident to Mr. Jennings, the editor, and together they